

HENRY FORD COLLEGE  
**REQUEST FOR RECLASSIFICATION – SSA**  
(Submission deadline: April 1, committee meets in May)

Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

Department \_\_\_\_\_ Location \_\_\_\_\_

Current Title/Classification \_\_\_\_\_

Requested Title/Classification \_\_\_\_\_

Seniority Date \_\_\_\_\_  
Original Employment In Present Classification

Attach current job description.

List changes in job description and/or responsibilities. Attach any documentation which you feel is appropriate.

Supervisor's Evaluation:

Supervisor/Department Head \_\_\_\_\_  
\_\_\_\_ Approved \_\_\_\_\_ Denied Date \_\_\_\_\_

Reclassification Requested By \_\_\_\_\_  
Check one: \_\_\_\_\_ Employee \_\_\_\_\_ SSA \_\_\_\_\_ Supervisor \_\_\_\_\_ Administrator

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**FOR RECLASSIFICATION COMMITTEE USE ONLY**

Date Received \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Human Resources \_\_\_\_\_